

# Helping Hands Therapy

## Application for Employment

### PERSONAL INFORMATION:

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Phone Number(s) Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Martial Status \_\_\_\_\_

Emergency Contact Information Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Are you eligible to work in the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you 18 years or older?

Yes \_\_\_ No \_\_\_

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Days/Hours Available to Work

Sun. \_\_\_\_ Mon. \_\_\_\_ Tues. \_\_\_\_ Wed. \_\_\_\_ Th. \_\_\_\_ Fri. \_\_\_\_ Sat. \_\_\_\_

Hours Available: from \_\_\_\_\_ to \_\_\_\_\_

What date are you available to start work?

\_\_\_\_\_

Will you work overtime if needed? Yes \_\_\_\_\_ No \_\_\_\_\_

What are your compensation requirements? Please check preferred method(s) and list expectations.

( ) Hourly Rate \_\_\_\_\_

( ) Salary \_\_\_\_\_

( ) Per Diem \_\_\_\_\_

( ) Other \_\_\_\_\_

**EDUCATION:**

Name and Location of Schools Attended	Graduated (Yes/No)	Type of Degree Awarded	Major Area of Study

**Skills And Qualifications: Licenses, Skills, Training, Awards, Certifications, etc.:**

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**What are you long-range occupational goals?**

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**PROFESSIONAL LICENSURE:**

What state(s) do you hold license(s) in? \_\_\_\_\_

Occupational Therapy: OTR ( ) COTA ( ) State License # \_\_\_\_\_

Physical Therapy: RPT ( ) PTA ( ) State License # \_\_\_\_\_

Speech Therapy/ Audiology: CFY ( ) CCC-SLP ( ) CCC-A ( ) State License # \_\_\_\_\_

**MILITARY SERVICE RECORD:**

Are you now a member of a Reserve or National Guard Unit? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what branch? \_\_\_\_\_

Type of discharge: \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ To \_\_\_\_\_

List duties in military or special training that prepare you for the position that you are seeking:

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**EMPLOYMENT HISTORY: (If you need additional space, please continue of a separate sheet of paper.)**

**Total number of years of related experience: \_\_\_\_\_**

Employer		Dates Employed		Work Performed
Address		From:	To:	
Telephone Number (S)				
Job Title	Supervisor	Hourly Rate/Salary		Reason for Leaving
Employer		Dates Employed		Work Performed
Address		From:	To:	
Telephone Number (S)				
Job Title	Supervisor	Hourly Rate/Salary		Reason for Leaving
Employer		Dates Employed		Work Performed
Address		From:	To:	
Telephone Number (S)				
Job Title	Supervisor	Hourly Rate/Salary		Reason for Leaving
Employer		Dates Employed		Work Performed
Address		From:	To:	
Telephone Number (S)				
Job Title	Supervisor	Hourly Rate/Salary		Reason for Leaving
Employer		Dates Employed		Work Performed
Address		From:	To:	
Telephone Number (S)				
Job Title	Supervisor	Hourly Rate/Salary		Reason for Leaving

**REFERENCES: (Include 2 personal and 2 professional)**

Name/Title	Address	Phone	Years Known

**May We Contact Your Present Employer(s) and/or References?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**ADDITIONAL INFORMATION:**

A copy of the following information should be included with your application:

- \_\_\_\_ CPR certification
- \_\_\_\_ Resume
- \_\_\_\_ Current License(s)
- \_\_\_\_ Automobile Insurance
- \_\_\_\_ TB Skin Test Results
- \_\_\_\_ Driver's License
- \_\_\_\_ Social Security Card

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please mail or fax completed application to:**  
**Helping Hands Therapy**  
**P.O. Box 3519**  
**Meridian, MS. 39303**  
**Fax #: 601.581.3292**